

PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
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Some the Paperwork Reduction Act of	respond to a collection of information unless it displays a valid OMB control number								
Effective on 12/0& Fees pursuant to the Consolidated Approp	Complete if Known Application Number 10/590,548-Conf. #8478								
· · · 	Application Number Filing Date		December 22, 2006						
FEE TRANS	Filing Date First Named Inventor		Anders CARLSSON						
For FY 2009		Examiner Name		I. D. Dang					
Applicant claims small entity stat			1647						
TOTAL AMOUNT OF PAYMENT	AITOIRE 1500		4528-0124PUS	4PUS2					
	Attorney Docket No. 4528-0124PUS2								
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND E									
FI		ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity					
Application Type Fee (Small Entity Fee (\$) Fee (Fee (\$)		Fees Paid	<u>(\$)</u>			
Utility 330	165 540	270	220	110					
Design 220	110 100	50	140	70					
Plant 220	110 330	165	170	85					
Reissue 330	165 540	270	650	325					
Provisional 220	110 0	0	0	0					
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)									
ree Description						ee (\$) 26			
Each independent claim over 3 (including Reissues)					52 220	110			
Multiple dependent claims	admig recoded)				390	195			
Total Claims Extra Claim	s Fee (\$) F	ee Paid (\$) <u>Multip</u>		Multiple Depende					
20 - or HP =	_ x =		<u>F</u>	ee (\$) <u>F</u>	ee Paid (\$)				
HP = highest number of total claims paid fo	r, if greater than 20.								
Indep. Claims Extra Claim		ee Paid (\$)							
2 - or HP = HP = highest number of independent claims	x = =								
•	s paid loi, ii greater than 5.	• • = •							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer									
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50									
sheets or fraction thereof. See									
Total Sheets Extra Shee		additional 50 or fract			<u>Fee Paid</u> -	1 (\$)			
100 = 4. OTHER FEE(S)		_ (round up to a wito	e number)		Fees Paid	1 (\$)			
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 1252 Extension for response within second month 490.00									
SUBMITTED BY	α								
Signature	7	Registration No. (Attorney/Agent)	28,977	Telephone	(703) 205-80	000			
Name (Print/Type) Gerald M. Murgh	y , u r.			Date	March 23, 20	009			
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PTO/SB/22 (02-09)

Approved for use through 03/31/2009. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 FY 2009	Docket Number (Optional) 4528-0124PUS2								
(Fees pursuant to the Consolidated Appropriations Act, 2 Application Number 10/590,548-Conf. #	Filed Dece	mber 22	2006						
Application Number 10/350,546-Cont. #	riled Dece	IIIDEI 22	, 2000						
For NEW COMPLEXES									
Art Unit 1647		Examiner	I. D. Da	ang					
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
	<u>Fee</u>	Small Entity Fee							
One month (37 CFR 1.17(a)(1))	\$130	\$65	\$ _						
X Two months (37 CFR 1.17(a)(2))	\$490	\$245	\$_	490.00					
Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$_						
Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$						
Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$						
Applicant claims small entity status. See 37 C	FR 1 27		-						
Applicant claims small entity status. See 37 CFR 1.27.									
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
X The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge an Deposit Account Number 02-2448	y fees which may	be required, or credit a	any over	payment, to					
WARNING: Information on this form may become pu		ormation should not be in	ncluded o	on this form.					
Provide credit card information and authorization on PTO-2038.									
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
attorney or agent of record. Registration Numb		28,977							
attorney or agent under 37 CFR	1 34								
Registration number if acting une									
A. Mana	March 2	23. 2009							
Signature	Date								
Gerald M. Murphy, Jr.	(703) 205-8000								
Typed or printed name Telephone Number									
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 1 forms are submi	tted.		···· ;-						

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